



ADVISORY NOTICE

No. 07-002

SUBJECT: Extended Role Skills for Emergency Medical Technicians

TO: All Instructor-Coordinators
All Service Chiefs
All Training Officers

FROM: Samuel W. Adams, Training Coordinator
Division of Emergency Medical Services

ISSUED: 10 July, 2007

As you may be aware, the RI Department of Health is preparing to distribute updated course curricula and standards for EMT courses, refreshers, updates, and extended role skills. In conjunction with this process, the following changes related to extended role skills are effective June 30, 2007 in reflection of recent revisions to the *RI Prehospital Care Protocols and Standing Orders*. These changes are as approved by the Ambulance Service Advisory Board at their June 12, 2007 meeting.

Additional information will be distributed to instructor-coordinators with the revised course materials. Please contact the EMS Training Coordinator at 401 222-5917 or sam.adams@health.ri.gov if you have questions regarding the implementation of these changes.

IV Infusion Pumps

IV Infusion Pumps are no longer considered an extended role skill and are now part of the scope of practice for all RI EMT-Cardiacs and Paramedics. As such, all RI EMT-Cardiacs and Paramedics will need to complete update training in IV infusion pumps by January 1, 2009. Once trained, RI EMT-Cardiacs and Paramedics may utilize the IV infusion pump as part of their standard practice in accordance with the *RI Prehospital Care Protocols and Standing Orders* – no additional credentialing/licensure is required. Please note that individuals previously trained/licensed for IV infusion pumps are already compliant and do not need to repeat their training.

The training for IV infusion pumps is to be delivered as an “update” training utilizing the same curriculum as the old extended role skill training. No course approval number is required for the IV Infusion Pump Update course and students no longer need to submit a *Request for Authorization to Practice* upon course completion. However, the instructor-coordinator must submit to the RI Department of Health a roster of all students successfully completing the update course. Additionally, each student should receive a certificate of course completion for their personal records.

Please note that the above changes apply to the IV Infusion Pump ONLY, not to IV Anticoagulants or IV Nitroglycerin, both of which remain extended role skills.

Transcutaneous Pacing

Transcutaneous pacing is no longer considered an extended role skill or a pilot program. Effective June 30, 2007, transcutaneous pacing is part of the scope of practice for all RI EMT-Cardiacs. As such, all RI EMT-

Cardiacs will need to complete update training in transcutaneous pacing by January 1, 2009. Once trained, RI EMT-Cardiacs may utilize transcutaneous pacing as part of their standard practice in accordance with the *RI Prehospital Care Protocols and Standing Orders* – no additional credentialing/licensure is required. Please note that individuals previously trained/licensed for transcutaneous pacing are already compliant and do not need to repeat their training.

The training for transcutaneous pacing is to be delivered as an “update” training utilizing the curriculum used previously for the pilot program. No course approval number is required for the Transcutaneous Pacing Update course and students no longer need to submit a *Request for Authorization to Practice* upon course completion. However, the instructor-coordinator must submit to the RI Department of Health a roster of all students successfully completing the update course. Additionally, each student should receive a certificate of course completion for their personal records.

Manual Defibrillation

Per the recent decision of the Ambulance Service Advisory Board, the extended role skill of Manual Defibrillation is currently being phased out. As such, course approvals will no longer be granted for Manual Defibrillation courses. Please note that this applies only to manual defibrillation as an extended role skill (for EMT-Basics) and has no bearing upon the practice of EMT-Cardiacs or Paramedics.